



JPW
+

0001/PTO Rev. 10/95		U.S. Department of Commerce Patent and Trademark Office	Application Number	10/600,137
		Filing Date	June 20, 2003	
		First Named Inventor	Ka Shun Kevin Fung	
		Group Art Unit Number	3624	
		Examiner Name	Not yet known	
Total Number of Pages in This Submission	2	Attorney Docket Number	23876-09108	

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) []
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Request for Corrected Filing Receipt	
<input type="checkbox"/> Request for Correction of Recorded Assignment	
<input type="checkbox"/> Amendment/Response: [] Page(s) <input type="checkbox"/> After Final	
<input type="checkbox"/> Status Request	
<input checked="" type="checkbox"/> Revocation and Substitute Power of Attorney	
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT		
Signature:		
Attorney/Reg. No.:	Michael W. Farn, Reg. No. 41,015	Dated: JUNE 9, 2004

CERTIFICATE OF MAILING		
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.		
Signature:		
Typed or Printed Name:	Michael W. Farn	Dated: JUNE 9, 2004
Express Mail Mailing Number (optional):		



REVOCATION AND SUBSTITUTE POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/600,137
Filing Date	June 20, 2003
First Named Inventor	Ka Shun Kevin Fung
Group Art Unit	3624
Examiner Name	Not yet known
Attorney Docket Number	23876-09108

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application, and I hereby appoint:



Practitioner(s) named below:

Name	Registration Number
Michael W. Farn	41,015
Greg T. Sueoka	33,800
Jennifer R. Johnson	50,784

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address to, and associate the above-identified application with:



Practitioners at Customer Number

00758



OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Ka Shun Kevin Fung
Title	
Signature	
Date	5/24/2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.